

BEST

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

097936658

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
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7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		2	/	/			61						
12	/		/				62						
13		/		/			63						
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48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	17		16				TOTAL DEP.						
TOTAL CLAIMS	19		18				TOTAL CLAIMS						

PTO-1350 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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